

Full Application-Grantee
Kentucky Community Development Office
Governor's Office for Local Development

Project

Project Title: _____

CEGG Amount Requested: \$_____ Total Project Amount: \$_____

Type of Capital Grant Project (please check all that apply):

☐ Industrial Site Development ☐ Land Acquisition ☐ Debt Retirement ☐ New Facility Construction

☐ Facility Renovation ☐ Public Infrastructure ☐ Major Equipment Purchase ☐ Matching Funds

☐ Other _____

Grantee

Legal Grantee: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Official's Name: _____ County: _____

Grantee is (check one):

☐ County

☐ City

☐ Special District

Legislative Support

Legislator (Name): _____

Legislator (Name): _____

Legislator (Name): _____

☐ Letter(s) of support are attached.

☐ Legislators have been made fully aware of the project and application submission.

Co-Applicant

Co-Applicants (if applicable): _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Contact Person: _____

Co-Applicant is (check one):

☐ County

☐ City

☐ Special District

Legal Counsel

Legal Counsel: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Contact Person: _____

Project Contact

Agency: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Project Contact Person: _____

Designated ADD-CEGG Contact Person: _____

Provide a detailed narrative description of project with **ALL** relevant project information, including but not limited to, project location, elements to be constructed, size of facilities, utility providers, capacity, number of jobs to be created, county impact, any preliminary studies (engineering, environmental), plans and design documents, etc. In addition, applicants **MUST** provide a statement with supportive documentation showing public benefit to be derived from the project. (REQUIRED):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Start Date _____

Completion Date _____

Loan/Lease

Source	Amount	Project %	Type	Rate	Term	Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL # _____	_____					

Collateral

Please list any collateral necessary for this project.

Funding Source	\$ Exposure	Asset L/B/E	Position	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Guarantee \$ _____ Corporate Guarantee \$ _____

Project Site Information

New Site Information (complete this section if the project constitutes a new location for the participating party):

Project Site: _____ acres Building Size: _____ square feet

Check one: ☐ New Construction
☐ Acquisition of an existing building

Age: _____ Appraised Value: _____

How long has building been unoccupied? _____

Expansion Project Information (complete this section only if the project involves the expansion of an existing Kentucky facility):Expansion of new existing facility? (check one) ☐ yes ☐ no

Size of expansion: _____

Additions or renovations to existing building? (check one) ☐ yes ☐ no

Explain:

Present Acreage _____ acres New Acreage: _____ acres

Present Building Size: _____ sq. ft. New Building Size: _____ sq. ft.

Loan/Lease Information (for all to complete):Do you own the site? (check one) ☐ yes ☐ no

Date of Purchase: _____ Purchase Price: \$ _____

Is there a mortgage? (check one) ☐ yes ☐ no

Mortgage Holder: _____ Current Balance: \$ _____

Mortgage Payment: \$ _____ Length of Agreement: _____

If you lease, who is the property owner?

Property Owner _____ Lease Payment: \$ _____

Length of Agreement: _____

Site Acquisition (for all to complete):Is this project requesting assistance for site acquisition? (check one) ☐ yes ☐ no

If yes, please provide information below.

If no, continue to next section.

Total Acreage _____

Purchase Price \$ _____

Current Ownership _____

Proposed Ownership _____

Is there an option or contract? (check one) ☐ yes ☐ no

If yes, check one below and attach any documentation.

☐ option

☐ contract

Project Cost Summary

Complete this form for acquisition and construction projects.

		Project Activity	Amount				
Estimated Project Costs		Land					
		Acreage _____					
		Building					
		Sq. Ft. _____					
		Improvement (existing buildings)					
		Equipment					
		Building Fixtures					
		Other _____					
		Subtotal (Fixed Assets Costs)					
Working Capital							
		TOTAL					
		Type of Financing	Amount	Percent of Financing	Interest Rate	Payback Period	Project Annual Debt Service
Proposed Project Financing	Fixed Assets	CEGG					
		Bank					
		Other _____					
		Other _____					
		Equity					
		Subtotal (Fixed Assets)					
	Working Capital	Bank					
		Equity					
		Other _____					
		Subtotal (Working Capital)					
	TOTAL FINANCING						

Project Cost Summary					
Budget Information – Non-Construction Projects					
Section A-Budget Summary					
Source of Funding (List)	Amount		Total Project Costs		
	Federal	Non-Federal			
1					
2					
3					
4					
5					
6. TOTALS					

Budget Information – Non-Construction Projects			
7. OBJECT CLASS CATEGORIES	Grant Program, Function or Activity		
	CEGG	Other Funding Sources	Total Cost
a. Land Purchase			
b. Legal			
c. Architectural			
d. Equipment			
e. Supplies			
f. Contractual			
g. Construction/Repair/Renovation			
h. Engineering			
i. Administrative (3%)			
j. Site Improvements			
k. Debt Retirement			
l. Matching Funds			
m. Other			
n. Total Direct Charges (sum of a-m)			
o. Indirect Charges			
p. TOTALS (sum of n and o)			
8. Program Income			

Project Cost Summary				
Budget Information - Construction Projects				
Section A-Budget Summary				
Source of Funds (List)	Amount		Total Project Costs	
	Federal	Non-Federal		
1				
2				
3				
4				
6. TOTALS				

Budget Information -Construction Projects			
Cost Classification	a. CEGG	b. Other Sources	c. Total Costs
1. Administrative and legal expenses (Note: Maximum Administrative is 3%)			
2. Land, structures, rights-of-way, appraisals, etc.			
3. Relocation expenses and payments			
4. Architectural and engineering fees			
5. Other architectural and engineering fees			
6. Project inspection fees			
7. Site work (attach cost estimate for any clearing, grading, drainage, etc.)			
8. Demolition and removal			
9. Construction (Please attach engineering cost estimate and detailed breakdown of costs)			
10. Equipment (provide itemized list and cost breakout)			
11. Miscellaneous/other			
12. Contingencies			
14. SUBTOTAL (Sum of lines 1 through 12)			
15. Project (program) income			
16. TOTAL PROJECT COST (subtract line 15 from line 14)			

Factors for Competitiveness

Please clearly justify project and substantiate support in each of the following applicable areas (insert narrative):

1. Regional Approach/Project Justification

2. Employment Impact

3. Area to be served and population

4. Economic Impact (Creation of Wealth)

5. Need (substantiated)

6. Show any coordination with new public water, wastewater or other infrastructure development and impact on existing infrastructure.

7. Degree to which proposed accomplishments are substantiated.

8. Leverage of "other" project funding invested in the project.

9. Degree to which the completed project would eliminate need.

10. Long-term impact and sustainability.

Employment Projections (if applicable)

Please provide employment projections for project. *If part time employment is being created, please also indicate full time equivalents and an explanation of the formula used to determine full time equivalents. Without this information part time jobs will not be used in the calculation of jobs.

	Full Time	Part Time	*Full Time Equivalents of Part Time Jobs
Current number of jobs at project location	<hr/>	<hr/>	<hr/>
New jobs to be created	<hr/>	<hr/>	<hr/>
TOTAL number of jobs projected 2 years after completion	<hr/>	<hr/>	<hr/>
Number of jobs retained because of project	<hr/>	<hr/>	<hr/>

Explanation of formula used to determine full time equivalents of part time jobs:

Please state number of jobs to be created in each category below as well as accompanying information.

Job Category	Number of Jobs	Average Hourly Wage	Average Annual Wage	Estimated CEGG Training*	Estimated Value of Other Training**	Estimated of Fringe Benefits***
Skilled						
Semi-Skilled						
Unskilled						
Managerial						
Technical						
Other						
Total Benefits						

* Estimated CEGG Training- For project proposals involving Job Training Grants, calculations should be based on the average hourly wage minus current Federal Minimum Wage.

** Estimated Value of Other Training-other training benefits including BSSC, Welfare to Work and other related workforce training programs.

*** Estimated Value of Fringe Benefits-Attach a description of the fringe benefit package to be provided.

Certification of Application

Please note: Eligibility for financial assistance is determined by the information presented in this application and in the required attachments. Any changes in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction. Please contact Kentucky Community Development Office (KCDO) before taking any action that would change the status of the project as reported herein.

Certification: I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity that is guaranteeing any proposed loan.

The undersigned, on behalf of the applicant, acknowledges that even though the information contained in this application, or which may hereafter be communicated to the KCDO, contains confidential and proprietary information, it may be subject to public disclosure to the extent required by law pursuant to any request made pursuant to the Kentucky Open Records Act, Chapter 61 of the Kentucky Revised Statutes. In addition, the applicant acknowledges and agrees this application will be released to the local jurisdiction(s) where the project is intended to be located. Notwithstanding the above, except as otherwise agreed to by the applicant in writing, no confidential or proprietary information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General, or Court of Competent Jurisdiction).

Approval of applications and the award of grants by KCDO shall be based upon the following list of criteria. The undersigned, on behalf of the applicant, acknowledges that these criteria were utilized in the planning of the project:

- The size, nature and cost of the development project, including the potential of the industrial development project to provide long-term jobs in enterprises consistent with the changing economies of the affected local units of government;
- The needs of the local units of government that will be addressed by the development project;
- The economic feasibility of the project;
- The connectivity with and impact on existing public infrastructure;
- Coordination with public water and wastewater development within the impact area;
- Population to be served or impacted, target highly populated areas;
- Compliance with all environmental and permitting requirements;
- Degree to which stated community needs are substantiated;
- Necessity of CEGG funding (in the event that other funding sources will be utilized in addition to CEGG, assurance will be made that these public and/or private funding sources are in place to assure adequate funding for project completion);
- Commitments of additional funding sources;
- Degree to which proposed accomplishments are substantiated;
- Regional in approach;
- Show substantial measurable economic impact.

Official, please sign below:

Signature_____

Signature_____

Title_____

Title_____

Printed Name_____

Printed Name_____

Date_____

Date_____

Please submit full applications directly to:

Kentucky Community Development Office
Governor's Office for Local Development
Attn: Lynn Littrell or Stephanie Stumbo
1024 Capital Center Drive, Suite 340
Frankfort, KY 40601

Kentucky Community Development Office ▪ Governor's Office for Local Development
1024 Capital Center Drive, Suite 340 ▪ Frankfort, KY 40601
Phone: 502-573-2382 ▪ Toll Free: 800-346-5606 ▪ Fax: 502-573-0175 ▪ www.gold.ky.gov